



**Office of the Regional Administrator / Region I**

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February 24, 2003

Nicholas J. Vailas, Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, New Hampshire 03301-3857

Dear Mr. Vailas:

I am pleased to inform you that your revised request to renew your home and community-based services waiver for elderly and chronically ill individuals, as authorized under the provisions at section 1915(c) of the Social Security Act (the Act) is approved. This waiver renewal is assigned control number 0060.90.R3, which should be used in any future correspondence. Copies of the approved waiver pages are enclosed.

You submitted your waiver request to continue to provide homemaker, home health aide services, adult medical and adult social day care, respite, nursing, PERS, in-home care, residential care, home-delivered meals, personal care services, home modifications, specialized medical equipment, assistive technology services, assisted living services, congregate care services, consolidated services, in-home mental health, senior companion, adult foster home care and shared housing services. You have also requested the addition of chore services and community transition services. These services will be provided to eligible persons who would otherwise require the level of care provided in a Nursing Facility.

You also asked for a waiver of the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act, and a waiver of the institutional income and resource rules for the medically needy at section 1902(a)(10)(C)(i)(III).

The waiver is currently operating in a 90-day temporary extension period. Based on the assurances and information you have provided in your original submission and revisions and supplemental information you provided, I am approving the State's waiver renewal as requested effective July 1, 2002. All temporary extension periods will therefore be subsumed in the renewal.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (7/1/2002 – 6/30/2003)	1,996		\$12,378	\$24,706,488
Year 2 (7/1/2003 – 6/30/2004)	2,132		\$18,291	\$38,996,412
Year 3 (7/1/2004 – 6/30/2005)	2,264		\$19,463	\$44,064,232
Year 4 (7/1/2005 – 6/30/2006)	2,404		\$20,711	\$49,789,244
Year 5 (7/1/2006 – 6/30/2007)	2,553		\$22,038	\$56,263,014

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Charlotte S. Yeh, MD  
Regional Administrator

Enclosure

cc:

Douglas McNutt, New Hampshire DEAS  
Jill Burke, New Hampshire DEAS  
Mary Jean Duckett, CMS

NH MD-S-270